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APPLICANTS

Steven C. Davis, Oconomowoc, WI;

** CONTINUING DATA ***** *none DV*** FOREIGN APPLICATIONS ***** *none DV*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged Examiner's Signature _____ Initials <i>JD</i>	WI	4	23	3

ADDRESS

27061
 ZIOLKOWSKI PATENT SOLUTIONS GROUP, SC (GEMS)
 14135 NORTH CEDARBURG ROAD
 MEQUON, WI
 53097

TITLE

METHOD AND APPARATUS TO AUTOMATICALLY MAINTAIN LOOP ISOLATION IN POSITION VARIANT MRI COILS

FILING FEE

RECEIVED
952

FEES: Authority has been given in Paper
 No. _____ to charge/credit DEPOSIT ACCOUNT
 No. _____ for following:

☐ All Fees☐ 1.16 Fees (Filing)☐ 1.17 Fees (Processing Ext. of time)☐ 1.18 Fees (Issue)☐ Other _____☐ Credit